المكان :
قسم ٥ في الدور الأرضي في المستشفى

الحضور :
كل يوم نروح نسأل السكرتاريةلو في دكتور بنلف معاه عالحالاتلو مفيش بنروح

الغياب :
السكرتيرة بتاخده في ورقة ومحدش بيتحرم خالص

المنهج :
الامتحان بـ ٥ درجات
Thanx 2 Dr. Hajar Abu-Amra
مواضيع الإمتحان بأرقام الصفحات في كتاب القسم هي
- Trauma 10 - 16
- CPR 405
- Chest Tube 386 – 387 (Indications Pneumothorax , Pleural effusion , Chylothorax , Empyema , Hemothorax , Hydrothorax , Postoperative: for example, thoracotomy, oesophagectomy, cardiac surgery)
- Acute Abdomen 650 – 657
- Appendix 619 – 629
- I.O 592 – 601
- Acute pancreatitis 517 – 521
و ياريت تقرأوها بسرعة لان احيانا بتغير في الاسئلة

ER exam: T/F
1- oropharyngeal airway is not suitable for conscious patient (T)
2-a rupture spleen may be conserved upon (T)
3-the kidney is the commonest intraabdominal solid organ to rupture (F) spleen
4-acute appendicitis presents with high fever and repeated vomiting (F) low grade fever
5-in ABCDE in 1ry survey...D stands for defromity (F) disability
6-limb.....embolectomy (forgot the sentence ,,they say it's true)
7-hemorraghic shock may have normal Hct value (T)
8-massive hemothorax is treated by pericardiocentesis (F) IC tube & thoracotomy
9-bilateral lower limb edema is charachterstic of DVT (F) unilateral
10- an xray showing "picture of tension pneumothorax" must be done immediately to diagnose the case. (F) don't wait for CXR
(ana msh mt2aked no. 7 heyya hb wella hct)
(w 1 heya oropharngeal wlla orotracheal aw 7aga tanya...nase sra7a)

امتحان الطوارئ في الاسبيشيال التاني
True or false

Abdominal bullet injury needs abdominal exploration .... true
Blunt trauma needs abdominal U/S .... true
Female lower abdominal pain needs U/S .... true
stethscope in cardiac arrest .... false
1st step in resuscitation is correction of hypotension & hypovolemia .... false, 1st is ABC
Diagnosis of air in peritoneum by abdominal supine x ray .... false, erect X-Ray
Appendicular abscess needs urgent appendectomy .... false (conservative for 3-6 months then open)
Most imp signs in appendicitis are tenderness & rebound tenderness in right iliac fossa .... true
Chest tube needs X-Ray before removing ..... true
Chest tube oscillation means that it is working ..... true
correction of false statments isn't required

امتحان الطوارئ في الاسبيشال التالت
نفس امتحان الاسبيشيال التاني

امتحان ١٣/٦

اولا الامتحان مختلف عن اللى قبله

و ممكن فى اسئله قليله متكرره بس باسلوب مختلف

1-All of the following solutions are used in hypovolemic shock except:
-albumin

2-first management of airway in car accident:
-head tilt chin lift
-endotracheal tube
-tracheostomy
-o2 mask

-head tilt chin lift

3-diagnosis of cardiac tamponade by:
-beck's triad

4-1st management of tension pneumothorax:
-intercostal tube under water seal

5-the following cause hypovolemic shock:
-subarachnoid hge
-urethral injury
-fracture tibia
-SC abcess

السؤال ده فيه كذا حاجه تنفع لدرجه ان افتكرته عايز except !!!!!!!!!!
اعتقد ان الدكتور حلها :
fracture tibia

6-heamothorax >2000 ml collected by chest tube then....:
-immediate thoracotomy in OR

7-Strangulated hernia needs>>surgery today

8-injury in femoral triangle with intact pedal pulse without hematoma:
-needs urgent duplex
(soft signs)

كلية الطب – جامعة القاهرة - قسم

الرقم:

الاسم:

Please mark the WRONG statements ONLY

1) Regarding chest trauma:

a) Plain chest X-ray is mandatory to diagnose tension pneumothorax.
b) Tension pneumothorax requires emergent venting.
c) Open pneumothorax should be sealed immediately.
d) Haemothorax of more than 200 ml/h is an indication for thoracotomy.

2) Regarding cardiac arrest:

a) Absent carotid pulse, absent or gasping respiration are the cardinal signs.
b) The stethoscope is essential for diagnosis.
c) The brain can only tolerate 3 minutes of complete circulatory arrest.
d) Mouth to mouth breathing is done while the patients' nostrils are closed.

3) In poly-trauma patients:

a) Definite diagnosis should always precede resuscitation.
b) Sorting the patients according to priorities is called triage.
c) Falling back of the tongue in a comatose leads to airway obstruction.
d) The cervical spine unstability should be considered in comatosed patients.

4) In poly-trauma patients:

a) The sense of thirst, coldness and irritability indicates shock.
b) Shock without external bleeding raise the possibility of internal haemorrhage, tension pneumothorax or pericardial tamponade.
c) Examination of the back should be avoided whenever possible.
d) Late trauma death is usually due to sepsis and multi-organ-failure.

5) In hernia patients presenting to the emergency:

a) Tense tender hernia indicates strangulation.
b) Not all strangulated hernias are obstructed.
c) Taxis should be tried in all strangulated hernias first.
d) Irreducibility is the start for further hernia complications.

6) Regarding hernia complications:

a) Irreducibility, obstruction and strangulation are the main complications.
b) Recurrence, rupture and hydrocele of the sac are occasional complications.
c) Ruptured hernia is seen in ascitic patients and leads to ascitic fistula.
d) Mesh hernioplasty is the ideal treatment for repair of all strangulated hernias.

7) In intestinal obstruction:

a) Pain, vomiting, distension and absolute constipation are the cardinal symptoms.
b) Volvulous and intussusceptions are examples of simple dynamic obstruction.
c) Persistence of the pain in spite of the NGT signifies strangulated obstruction.
d) Ryle, IV fluids, antibiotics and decision are the main lines of management.

8) In adhesive intestinal obstruction:

a) It usually follows laparotomy for peritonitis.
b) It is a common cause for intestinal obstruction.
c) The causes include compression by adhesive band, kink or twist around a band.
d) All cases require urgent exploration.

9) Regarding acute pancreatitis:

a) The commonest cause is biliary stones.
b) High serum amylase and lipase are characteristic especially in early cases.
c) All cases require urgent surgery.
d) The severest form is necrotizing pancreatitis.

10) In acute pancreatitis:

a) Differential diagnosis includes complicated peptic ulcer or aortic aneurysm.
b) Early complications include shock, tetany & respiratory and renal complications.
c) Local complications include pancreatic pseudo-cyst.
d) Pancreatic pseudo-cyst requires surgery before six weeks.

1-A
2-B
3-A
4-C
5-C
6-D
7-B
8-D
9-C
10-D

امتحان الطوارئ في الاسبيشيال التاني السنة اللي فاتت

True or false

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Chest tube needs X-Ray before removing ..... true

Chest tube oscillation means that it is working ..... true

correction of false statements isn't required

امتحان الاسبيشيال التاني السنادي

by True or False

1. Airway management during the primary survey in trauma patients includes chin lift and head tilt.
2. An acutely cold, pulseless, paraesthetic limb in a patient with AF is a limb-threatening condition necessitating an embolectomy.
3. Limited chest wall movement, hyper-resonance on percussion, diminished air entry, neck vein congestion and tracheal shift require immediate wide bore needle decompression
4. A massive hemothorax requires intercostal tube placement and vigorous fluid resuscitation.
5. The 'D' in the ABCDE approach stands for deformity.
6. Acute appendicitis presents by high fever and repeated vomiting.
7. The main lines of treatment of perforated duodenal ulcers are omental patch placement and thorough peritoneal lavage.
8. The spleen is the most commonly injured solid intra abdominal organ.
9. Hypotension is the earliest sign to occur in hemorrhagic shock
10. Bilateral lower limb edema is characteristic of deep vein thrombosis.

1- T
2- T
3- T
4- T
5- F
6- F
7- T
8- T
9- F
10- F

امتحان الاسبيشيال التالت السنادي

1- oropharyngeal airway is not suitable for conscious patient (T)

WhiteKnightLove

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(ana msh mt2aked no. 7 heyya hb wella hct)

(w 1 heya oropharngeal wlla orotracheal aw 7aga tanya...nase sra7a)

امتحان الاسبيشيال الرابع السنادي

1- Acute pancreatitis presents by epigastric pain radiates to the back (T)

2- Pale, thirsty & tachycardic patient may be a presentation of hgic shock if BP is 100/70 (T)

3- in ABCDE, D stands for deformity (F) disability

4- acute coldness with pulselessness of the limb may indicate acute embolic ischemia (T)

5- Pneumothorax is managed by immediate decompression by IC tube (T)

6- A pt wiz pneumoperitoneum n broad abdomen rigidty is likely to be suffering from rupture viscous (T)

7- Cardinal signs of intestinal obstruction include abdomen pain , distention , diarrhea , vomiting (F) constipation

8- 1ry survey of hgic shock is control bleeding n vigourous fluid resuscitation (T)

9- Acute appendicitis is essentially a clinical diagnosis (T)

10- Acute Unilateral lower limb edema n pain in a pt on contraceptive pills cud be DVT (T)

WhiteKnightLove

Trauma-Dr.Ahmad El-Mahrouqy
May 18, 2014 at 10:46pm
ÇáÔÈÇÈ Çááí ÚäÏåã ÓÈíÔíÇá ÇáÍæÇÏË ÏáæÞÊí (ÇáÇÓÈíÔíÇá ÇáÑÇÈÚ 8---22\5\2014)
ÇáäåÇÑÏÉ ÏßÊæÑ ÃÍãÏ ÏÎááäÇ ãÍÇÖÑÉ æÓÃáäÇ ÊÍÈæÇ trauma æáÇ Intestinal obstruction æÃÛáÈ ÇáãæÌæÏíä (Çááí åãÇ ßÇäæÇ 8 ÃÓÇÓðÇ) ÞÇáæÇ trauma..Ýåæ ÊÝÖá ãÔßæÑðÇ æÔÑÍáäÇ trauma ÈÓ Ýí Ôßá case scenarios åí ßÇáÊÇáí
1) 25 year old male patient..Road Traffic accident came after 6 hours to the hospital complaining of dyspnea,tachypnea&hypotension:
-Most probable diagnosis:Tension pneumothorax
-Tension pnemuothorax is mainly diagnosed by in emergency: dyspnea-hypotension-distended neck veins
-Tension pneumothorax by chest examination:Unliaterla Bulge,Mediastinal Shift,Hyperresonance,Diminished air entry
-Emergency treatment:NEEDLE DECOPMRESSION midclavicular line 2nd intercostal space----This way I convert it into open pneumothorax,then I can do Chest X-ray(investigate) or insert chest tube(it gives me time to bring the required equipment and experience)

2)A case of a stab in the wrist--->Bleeding
-How to know arterial bleeding? Profuse pulsatile bright red
-Venous? Flowing (like tap water)+dark red
-How to deal with arterial bleeding? COMPRESSION WITH A GAUZE:Little amount of dressing(not extensive) and bandages,so that I can see whether bleeding stopped or not+to apply more pressure on a smaller area+PROXIMAL COMPRESSION on the brachial artery till bleeding stops
NOT Torniquet only:Predisposes to ischemia
NOT Clamp:Injurious (to the same artery again,to a nerve,...)
NOT Suture of skin:The artery may continue to bleed internally

3)25 year old male patient...Road Traffic accident...BP:120/80,HR:120 Bpm,RR:18
-This heart rate indicates HEMODYNAMIC INSTABILITY despite NORMAL blood pressure

If in this case..NO FRACTURE+NO WOUNDS?---> Internal bleeding (could be in Chest,Abdomen or pelvis+INTERNAL BLEEDING IN THE BRAIN NEVER EVER CAUSES SHOCK,may even cause hypertension)
ÇáãÎ ãÔ ãÓÇÍÉ ßÈíÑÉ íÊÌãÚ ÝíåÇ ÇáÏã
-How to deal?1)FAST for abdomen(focused abdominal sonography for trauma----->Focused on pelvic pouches,hepatorenal pouches,perisplenic area and the probe may be directed to see pericardium)--Chest X-ray--Pelvic X-ray
-N.B:Pelvic fractures causes massive bleeding(he named it heroic bleeding) because pelvic bones are heavily vascular and the presence of major iliac arteries and veins--particularly in the VERTICAL SHEARING type(double fracture.. single fracture doesn't cause much damage)
2)EXPLORATION if there is evidence of internal bleeding--->to do COMPRESSION

4)6 year old male patient...Road Traffic accident after 6 hours--->BP 80/40,HR:130,No fractures,No wounds
Chest X-ray:free,Pelvic X-ray:free,FAST:Positive for internal bleeding

REPLACE by LACTATED RINGER OR SALINE (20 ml/kg/hr)...NEVER BY Glucose 5% because glucose will be taken rapidly to the tissues leaving behind a HYPOTONIC SOLUTION--->Edemetaous tissues plus empty vessels!
-If after replacement the numbers improved to 120/80,105>>>The case is improving (The REPLACEMENT FLUID exceeds THE LOST FLUID)
IN THIS CASE,DO NOT EXPLORE UNLESS YOU DO CT ABDOMEN AND PELVIS WITH IV CONTRAST FIRST...If it reveals:
1)Tear in the spleen without bleeding(bleeding has stopped)--->NO OPERATION IS NEEDED (Exploration is done for CESSATION OF BLEEDING not for the repair of injuries)
2)Fresh bleeding in the spleen(blush)--->EXPLORE and operate
3)If vital signs dropped again---->EXPLORE AT ONCE

-How to explore?Longitudinal midline incision in adults and children/Transverse incision in children only
-If you find active bleeding in the spleen in a child--->DO YOUR BEST IN ORDER NOT TO DO SPLENECTOMY,repair it by "splenic preservation"
If preservation failed or can't be done--->Splenectomy+vaccination against (pneumo-Hib-Meningo)...what I am fearing most is OPSI (overwhelming post splenectomy infection--->Vigorous antibiotic therapy even fi flu-like symptoms
-If you find active bleeding in the spleen in an adult----->SPLENECTOMY

5)16 year old male patient...RTA---6 hours---->90/60,125 with Fracture tibia and active bleeding (compound fracture tibia) with absent distal pulses and cold foot+No other injuries--->THIS MEANS POLPITEAL ARTERY INJURY
-Hot to deal? 1)COMPRESSION
2)GET AN ORTHOPAEDIC SURGEON AND A VASCULAR SURGEON:
A)The orthopaedic will act first,reducing the fracture(if the vessel was repaired first it will injure the artery again) and EXTERNALLY fixing it...(ÇáÏßÊæÑ ÞÇáÓÇÚÊåÇ ÈäËÈÊ ÈãÓÇãíÑ ãä ÈÚíÏ Ýí ÚãæÏ ÍÏíÏ...áßä not internal fixation ÚÔÇä ÇáßÓÑ ãÖÇÚÝ)
B)The vascular surgeon interferes to deal with the artery: 1) Partial tear
2)Partial tear >0.5 diameter--->Convert it into complete(cut it)+end to end anastomosis
3)If there is lost segment--->Venous grafting by REVERSED SAPHENOUS SEGMENT as natural is prefereed to synthetic (MORE durable LESS infection risk)

-Imp N.B.: The orthopaedic is only allowed to investigate by X-ray (lat&ant-post+joint above and joint below) before reduction...
NOT ALLOWED TO DO MRI JOINT ãÔ æÞÊå
NOT ALLOWED TO REPAIR A TORN ANTERIOR CRUCIATE LIGAMENT (OF FOUND TO BE TORN) ãÔ æÞÊå

6)16 year old male patient RTA 6 hours,90/60,125,Fracture distal tibia with skin loss over it (compound) +intact pedal pulse
-THIS IS AN URGENT CASE (Not elective,but not emergency):
X-ray,external fixation(like above),SPLIT THICKNESS SKIN GRAFT taken by a dermatome..but there should be an intact VASCULAR BED (e.g. periosteum)
-If bone WITHOUT perisoteum--->FLAP (reversed sural flap,and the donor site will be replaced by split thickness graft)

7)40 year old male patient,was walking down a street by the side of a building under construction when a small piece of stone fell onto his head..He didn't feel any symptom then,but when he went back home he began to feel dizziness+wekaness of his left arm and leg

-This is an EXTRADURAL hematoma due to injury of the middle meningeal artery..It compressed the motor area
-If not managed as an emergency?--->BRAIN HERNIATION (conization) and compression of vital medullary centres
-INV: CT WITHOUT CONTRAST
-TTT:TREPHINE OPERATION
-EMERGENCY TTT?DRILLING BY 4 OPENINGS IN THE SKULL (CRANIOTOMY)

1-chest tube = intercostal tube
in 5th intercostal space mid axillary line
?how to identify it is patent
when fluid up and down with respiration
طب هو هيحصلوه ايه مع
؟ inspiration
هيطلع لفوق
due to -ve pr intrathoracic
بس طبعا مش هيطلع لفوق خالص لان طول الانبوبة متر
طب هنعمل بيها ايه
hemothorax or pneumothorax or pyothorax
وطبعا هتعرف ده من للى فى
container
وفى الروندين كان
Hemothorax

oscillation is a sign of functioning chest tube .1

all are true regarding ttt of intestinal .2
obstruction except
a. IV fluids
b. Insertion of Ryle tube
c. light diet
d. correct electrolyte imbalance

mobility of abdomen with respiration .3
denote peritonitis

swollen tender calf ms are signs of DVT .4

peripheral pulsations are of no value in .5
diabetic foot

X-ray in erect position is used for follow up .6
of conservative management of adhesive
intestinal obstruction

hemodynamically unstable patient should .7
go to do investigations 1st

presence of air under diaphragm is a sign of .8
hollow organ rupture

surgical debridement and pus drainage is .9
essential in ttt of soft tissue infections

all are manifestations of peritonitis except .10
a. tenderness and rebound tenderness
b. guarding and rigidity
c. shifting dullness
d. increased intestinal movements

Nasogastric tube

Connected to a bag containing bile stained vomitus , green in color

---

2-
Foley catheter : urinary catheter
(must be sterile)

3-
A case of perforated peptic ulcer

the patient had 3 drains :

pelvic , hepato-renal , spleno-renal

as they are the most dependant parts

4-
Drain connected to amputation stump

The limb was amputated below the knee

5-

Suction drain

(allow drainage via -ve pressure)

6-

Diverting colostomy

in a patient with perineal wound

- in this case colostomy is transient until healing of the wound occurs.

- colon preparation

(mechanical , chemical)

7-

A case of chest injury

with intercostal chest tube

and chest x ray showing obliterated costo-phrenic angle.

- complications of chest tube

10-
A case of appendicular mass

- appendicitis which was complicated with perforation

- aim of surgery in this case is drainage only

and not removal of the mass

(the mass should not be removed to prevent dissemination of infection & generalized peritonitis)

- examination should be done under anesthesia

- acute appendicitis is diagnosed by ultrasound

while chronic appendicitis is diagnosed by barium swallow.

11-
A patient with skull base fracture

- due to motor car accident

- the patient had periorbital ecchymosis & subconjuctival hge

- the most imp Inv. in this case

CT & MRI on the brain to exclude brain injury.

12-

Fore foot amputation

(leaving the heel)

in old diabetic patient.

13-

Diabetic foot

infection by pseudomonas : greenish discharge.

14-

DVT , in lower limb

phlegmasia alba dolens

phlegmasia means : swollen

alba means : white

dolens means : pain

- pulse must be felt in this patient.

- ttt by anticoagulant.

15-
Cellulites in lower limb

the limb was swollen , red .. showing signs of inflammation

16-
A case of inguinal hernia

17-
External fixator with compound tibia fracture

18-
Midline laparotomy with retention sutures

19-
Foot ulcer

with gangrenous patch over the heel.

20-
A case of intestinal obstruction with colostomy.

Good Luck ISA